

Fighting Diabetes' Deadly Impact on Minorities

You inherit more than your eye and hair color from your family. You can also inherit a predisposition for diabetes, a disease that disproportionately affects racial and ethnic minorities.

The Office of Minority Health (OMH) at the Food and Drug Administration (FDA) is building relationships with the American Diabetes Association (ADA) and other groups to help Americans prevent and treat diabetes, and to address the disparity in how severely it affects minority groups in particular.

The American Diabetes Association Alert Day on March 25, 2014, is a one-day wake-up call to inform people about the dangers of diabetes, especially when left undiagnosed or untreated. The annual event, on the fourth Tuesday of March, is a reminder for people young and old to take the ADA's Diabetes Risk Test (www.diabetes.org/are-you-at-risk/diabetes-risk-test/), which includes simple questions about your family history, weight, age and other potential risk factors for diabetes.

Diabetes is a high priority for OMH (www.fda.gov/forconsumers/byaudience/minorityhealth/default.htm) because racial and ethnic minorities have a higher burden of diabetes, worse



diabetes control and are more likely to experience complications (for example, among Hispanics, the death rate from diabetes is 50% higher than for non-Hispanic whites).

Why? For minorities, the problem is a combination of risk factors. "For some minorities, poverty, lack of access to health care, cultural attitudes

and behaviors are all barriers to preventing diabetes and having effective diabetes management once diagnosed," says OMH Director Jonca Bull, M.D.

In addition, diabetes can progress faster in minority populations. This rapid progression is compounded by a poor diet, obesity and a sedentary life.

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“People live in areas and engage in behaviors that often don’t support a healthy life. They don’t have enough access to healthy foods and perhaps too much access to fast food,” Bull says. “They also lack access to ongoing health-care services.”

What OMH Is Doing

OMH is working on several fronts to help members of ethnic and racial minority groups stay healthy and, if needed, to get treatment for diabetes.

Bull explains that OMH’s outreach work includes raising awareness of the need for more research in diabetes therapies that address racial and ethnic differences. OMH is also working to make sure minorities are included as subjects in clinical trials of medical products for the treatment of diabetes and other diseases. Those trials involve testing new drugs, biologics (including blood products and vaccines), and medical devices under controlled conditions.

“We need to know how ethnic and racial minorities respond to these treatments. Are there biological or environmental factors that make them respond differently? Are certain kinds of treatments more effective in treating diabetes and other diseases in particular racial and ethnic subgroups?” says Bull.

OMH is also reaching out to consumers via its new Twitter feed: @FDAOMH.

“We welcome consumer questions and feedback on minority health issues. We’re here to listen and to advocate on behalf of consumers,” Bull says.

A Dangerous Epidemic

Diabetes affects nearly 26 million Americans (8.3% of the population). In addition, about 79 million adults (35%) are at risk of developing diabetes.

Diabetes occurs because of defects in the body’s ability to produce or use insulin—a hormone released into the blood to control glucose (sugar) levels and the amount of glucose transported into cells as an energy source. If the pancreas doesn’t make enough insulin, or if the cells do not respond appropriately to insulin, glucose can’t get into the cells and the blood sugar level gets too high. High blood sugar can lead to devastating health problems, including heart disease, blindness, kidney disease, stroke, amputation, and death.

Who has diabetes? According to the National Health Interview Survey by the Centers for Disease Control and Prevention and the U.S. Census Bureau:

- 17.5% of American Indians/Alaska natives
- 16.3% of American Indians/Native Americans
- 13.2% of Hispanics
- 12.9% of non-Hispanic blacks
- 9.1% of Asian Americans
- 7.6% of non-Hispanic whites 18 and older

Why these groups are more at risk is a complex question with no simple answer. For the most part, it’s related to both environmental and genetic factors. “There appears to be a genetic predisposition for diabetes among Native Americans,” Bull says.

“Knowing your risk factors for diabetes is a crucial step toward an early diagnosis, which can give people the tools to prevent the disease from progressing,” she says.

Bull says it’s also important for people with diabetes to report any safety concerns with their medications or devices (for example, glucose monitors) to MedWatch, FDA’s Safety Information and Adverse Event Reporting Program. To report a problem, go to www.fda.gov/safety/medwatch/default.htm.

“Consumers, especially members of minority communities, should tell us about their good and their bad experiences with their medications and treatments. If they have any reactions to a certain diabetes medication or if they find that one treatment works better for them than another, we want to know, because that information can be useful to others too,” Bull says.

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